

What is happening at Norfolk & Suffolk NHS Foundation Trust (NSFT)?

Do we still need a campaign to save mental health services in Norfolk and Suffolk?



We received a phone call from a senior NSFT Director



- “We’ve done everything you wanted us to do”
- “We’re saying we need more money”
- “You’re campaigning about stuff you didn’t talk about at the beginning”
 - Corporate governance
 - Competence
 - Transparency

Original open letter programme audit #1

WE ASKED

- **Call a halt to the policy of bed closures and reopen wards** wherever possible, until community services can actually show in practice that a number of inpatient beds are not needed.

WHAT HAS REALLY HAPPENED?

- We won pledge in January 2014 to stop transportation of those in crisis before May 2014
 - Broken and denied
- Bed crisis became MUCH worse
- Beds are still being closed
 - Waveney Acute Services closed as recently as September 2015

Original open letter programme audit #2

WE ASKED

- **Withdraw the proposal to reduce the number of qualified Band 6 staff in the Crisis Resolution and Home Treatment (CRHT) teams.** Continue with the proposed policy of boosting the home treatment capacity by **employing more support workers.** Give priority to providing a **sufficient level of medical input to CRHTs so that access to a psychiatrist is readily available in a crisis.**

WHAT HAS REALLY HAPPENED?

- Most extreme plans have been moderated
- Section 75 means social care and health care split in Norfolk
- Beds crisis makes AMHPs jobs impossible
- Now a waiting list for emergency assessment
 - with appalling results
 - Woman suffered life-changing injuries last month

Original open letter programme audit #3

WE ASKED

- **Restore link workers** and carry out an urgent **review of the role of Access and Assessment teams**, especially in relation to CRHTs.

WHAT HAS REALLY HAPPENED?

- Some link workers have been restored (IAPT+)
 - But not for the most in need
- Access and Assessment has been reviewed
 - But how different is AFI?
- People need help in the GPs surgery before problems escalate
- Focus seems to be assessment instead of treatment

Original open letter programme audit #4

WE ASKED

- **Restore Early Intervention In Psychosis (EI) teams in Suffolk**, in line with the Department of Health and Schizophrenia Commission recommendations.

WHAT HAS REALLY HAPPENED?

- Still don't have EI teams in Suffolk
- NSFT claims integrated teams do the same job
- But the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness shows integrated teams lead to higher suicide rates

Original open letter programme audit #5

WE ASKED

- **Establish a caseload management system** so that care coordinators and lead professionals in community teams do not carry individual responsibility for excessive workloads.

WHAT HAS REALLY HAPPENED?

- NSFT has tried to employ more temporary staff
- Demand has increased
- Teams are still understaffed
- Caseloads are still too high
- Waiting lists for treatment appear larger and more widespread
- Hundreds unallocated

Original open letter programme audit #6

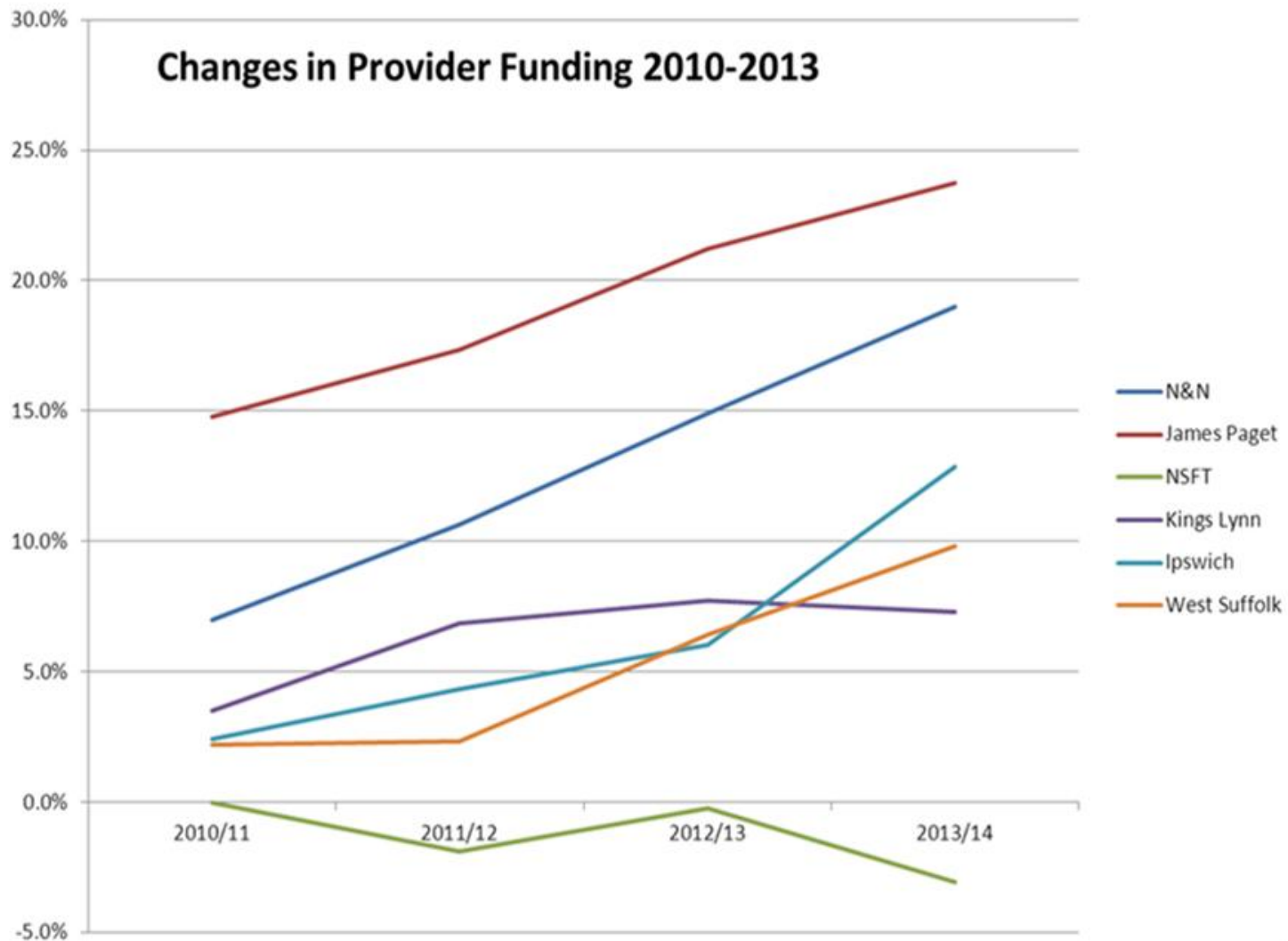
WE ASKED

- Carry out an **urgent review of the prevention of suicide strategy**, which should include a **major rethink around the abolition of specialist assertive outreach and homeless persons' teams**

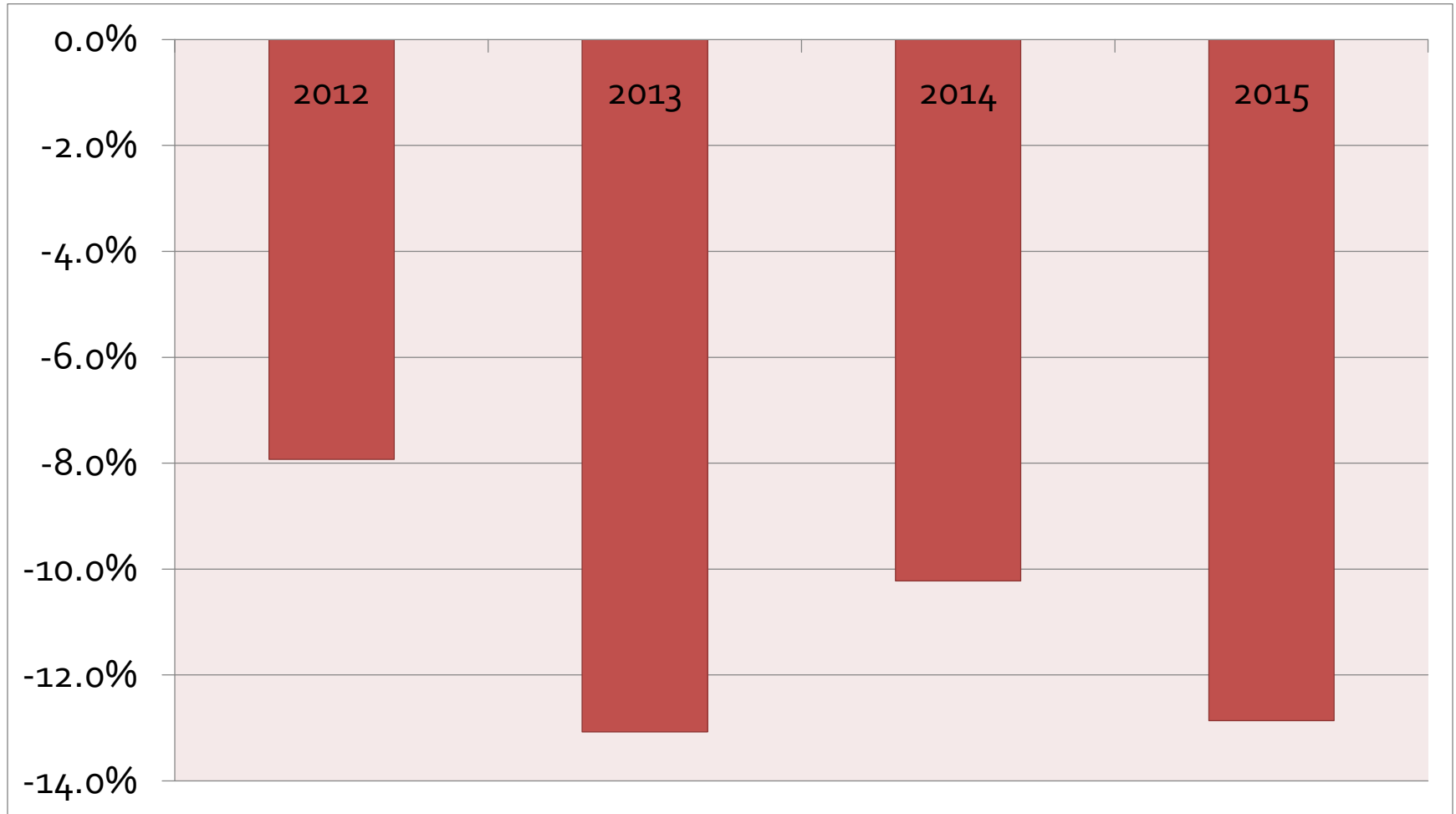
WHAT HAS REALLY HAPPENED?

- No urgency about prevention of suicide strategy
 - Worse, NSFT is hiding its own statistics
- Still no Assertive Outreach (AO)
- 'FACT' so-called replacement for AO is neither standalone team nor properly resourced
- No homeless team
 - Women died in Norwich church graveyard last month

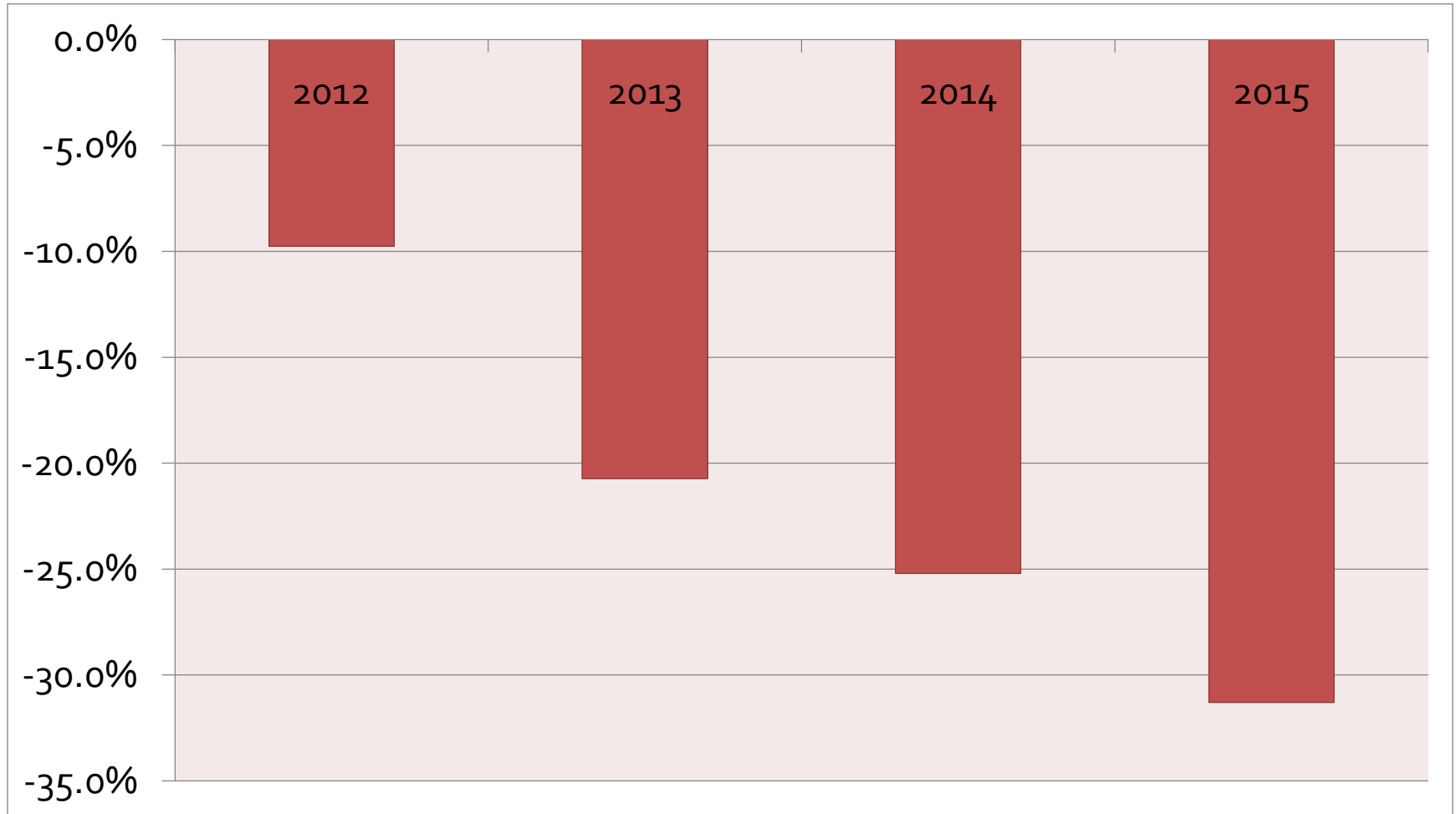
Parity of esteem or 18% cuts to mental relative to physical health?



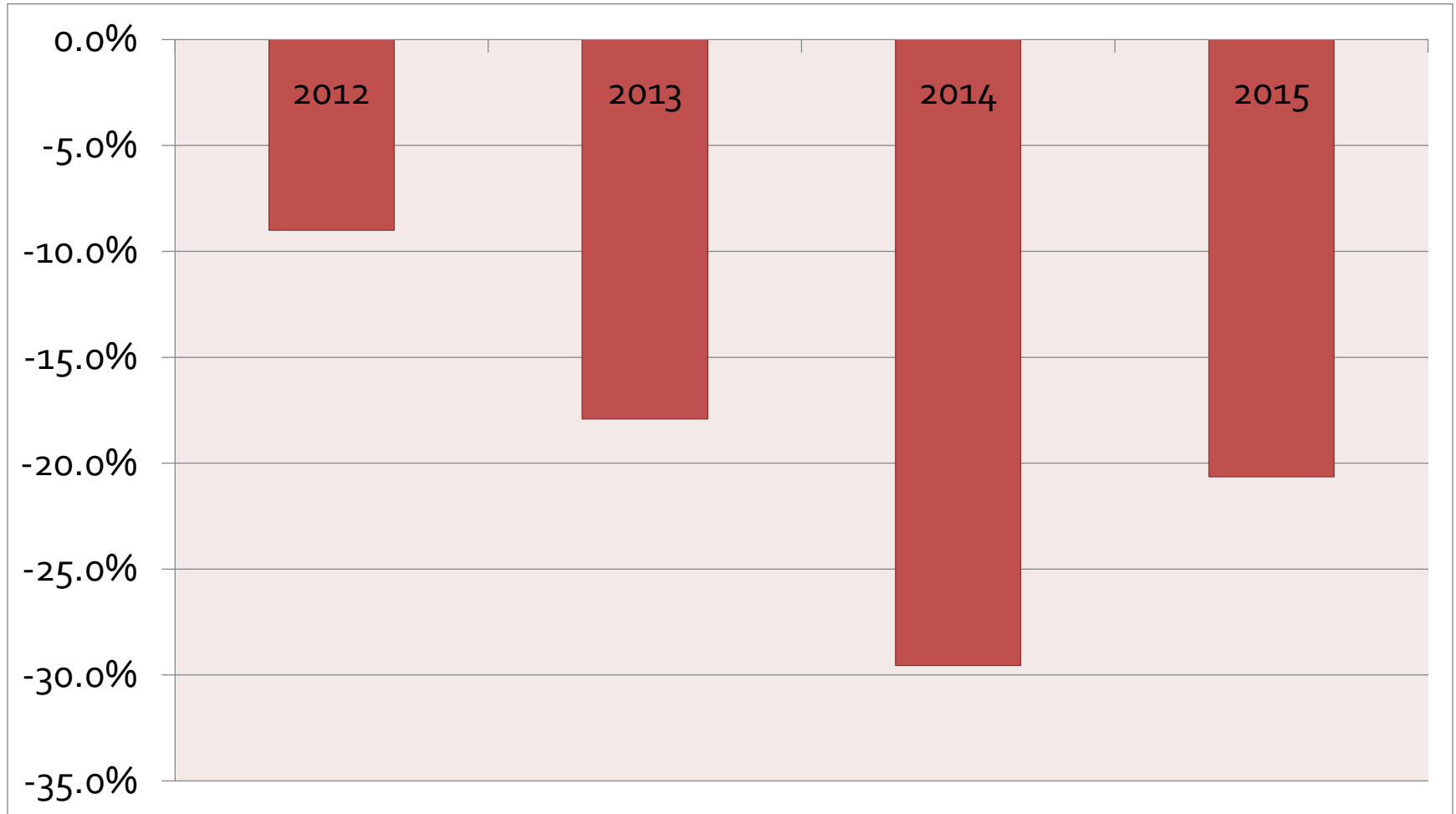
Cumulative change in nursing staff since 2011 (%)



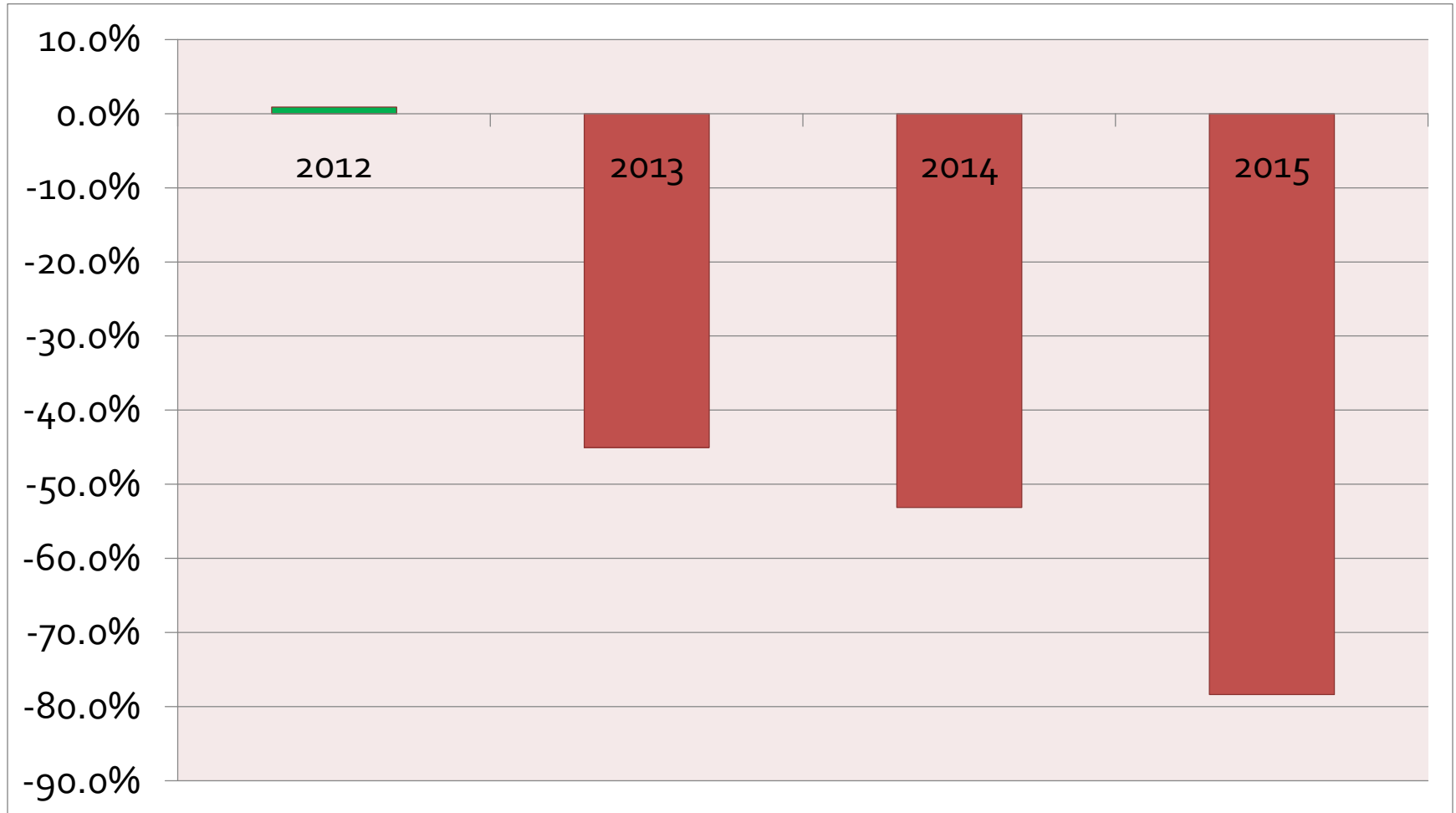
Cumulative change in medical staff since 2011 (%)



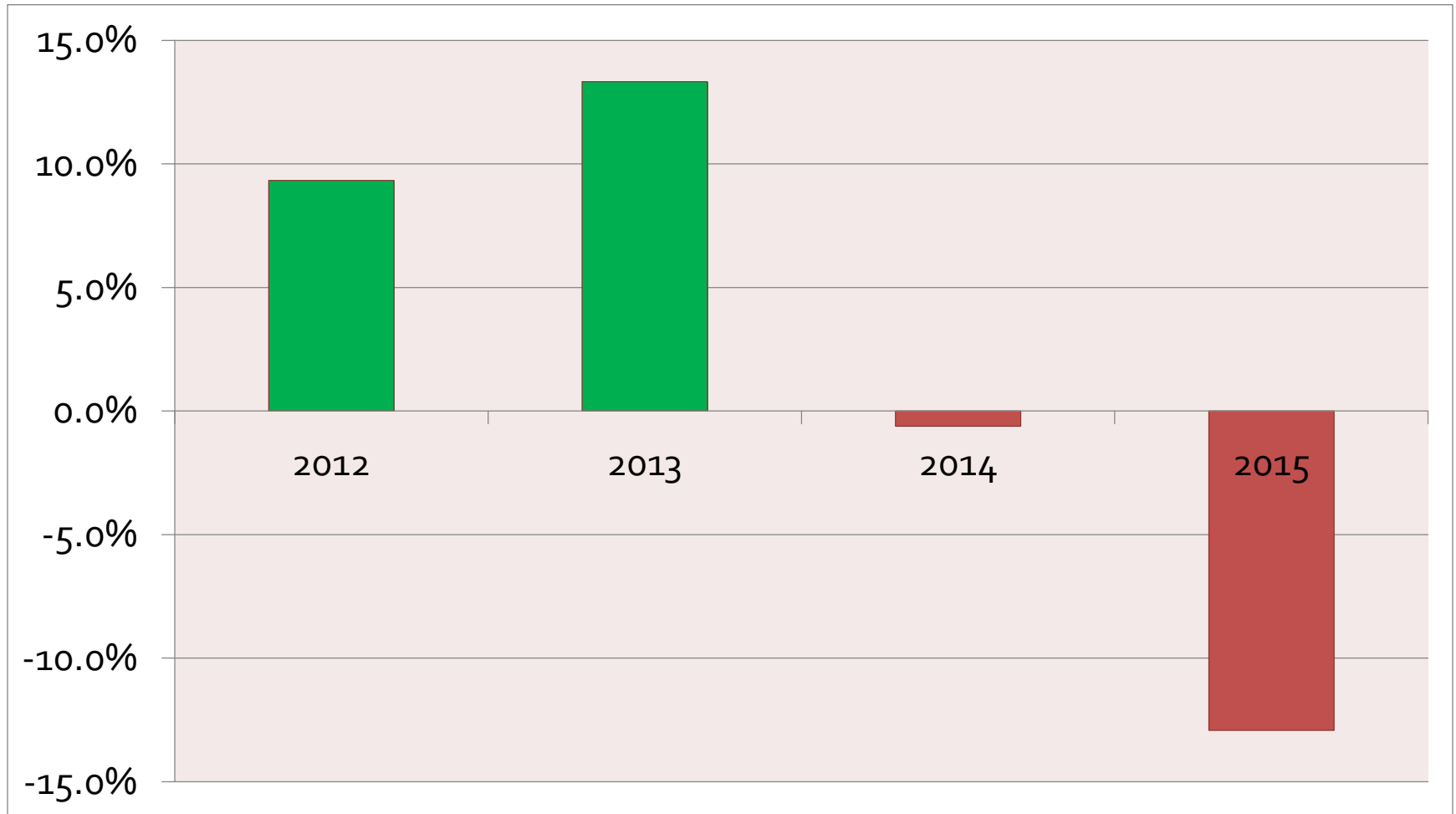
Cumulative change in support worker staff since 2011 (%)



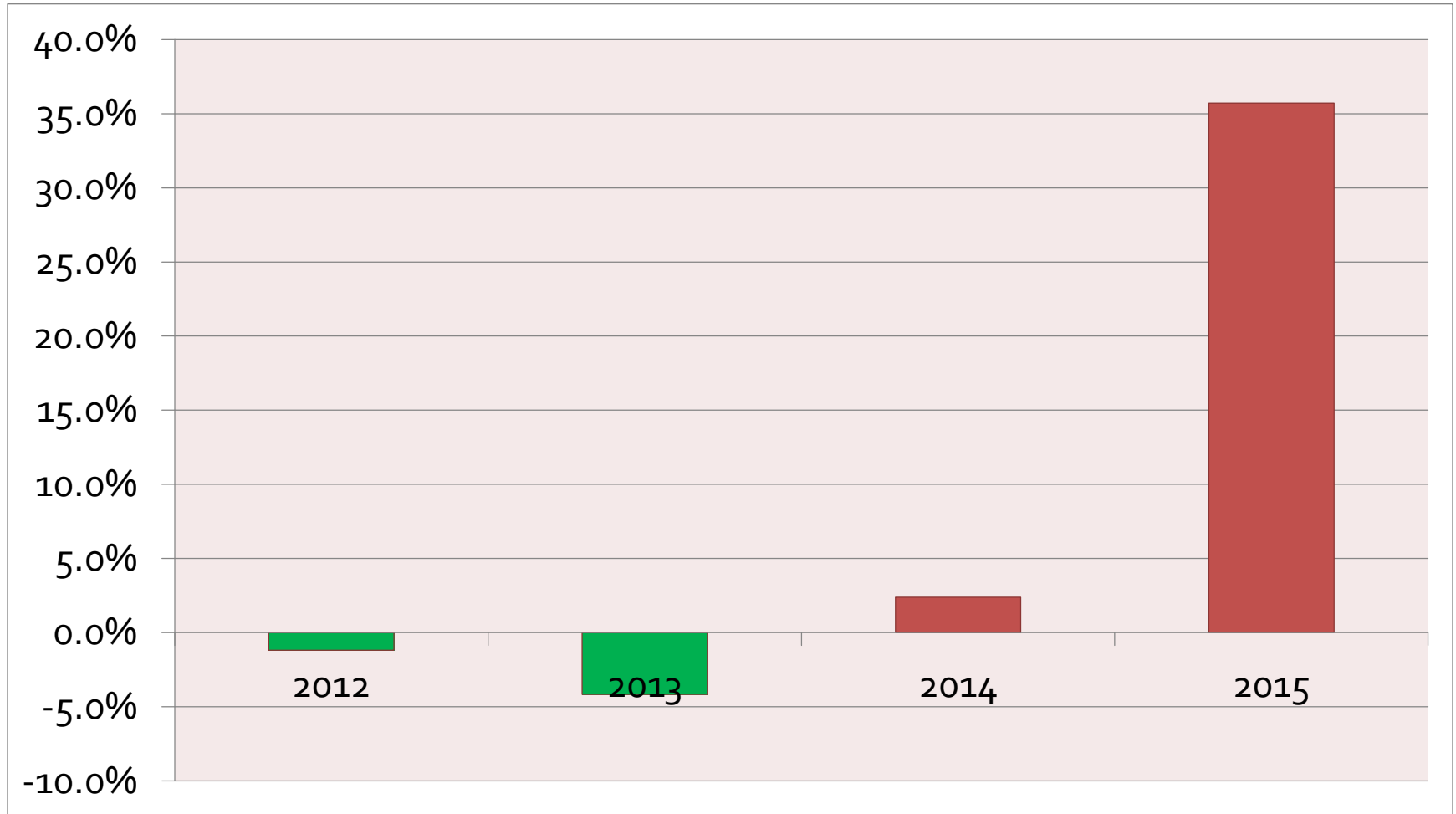
Cumulative change in social care staff since 2011 (%)



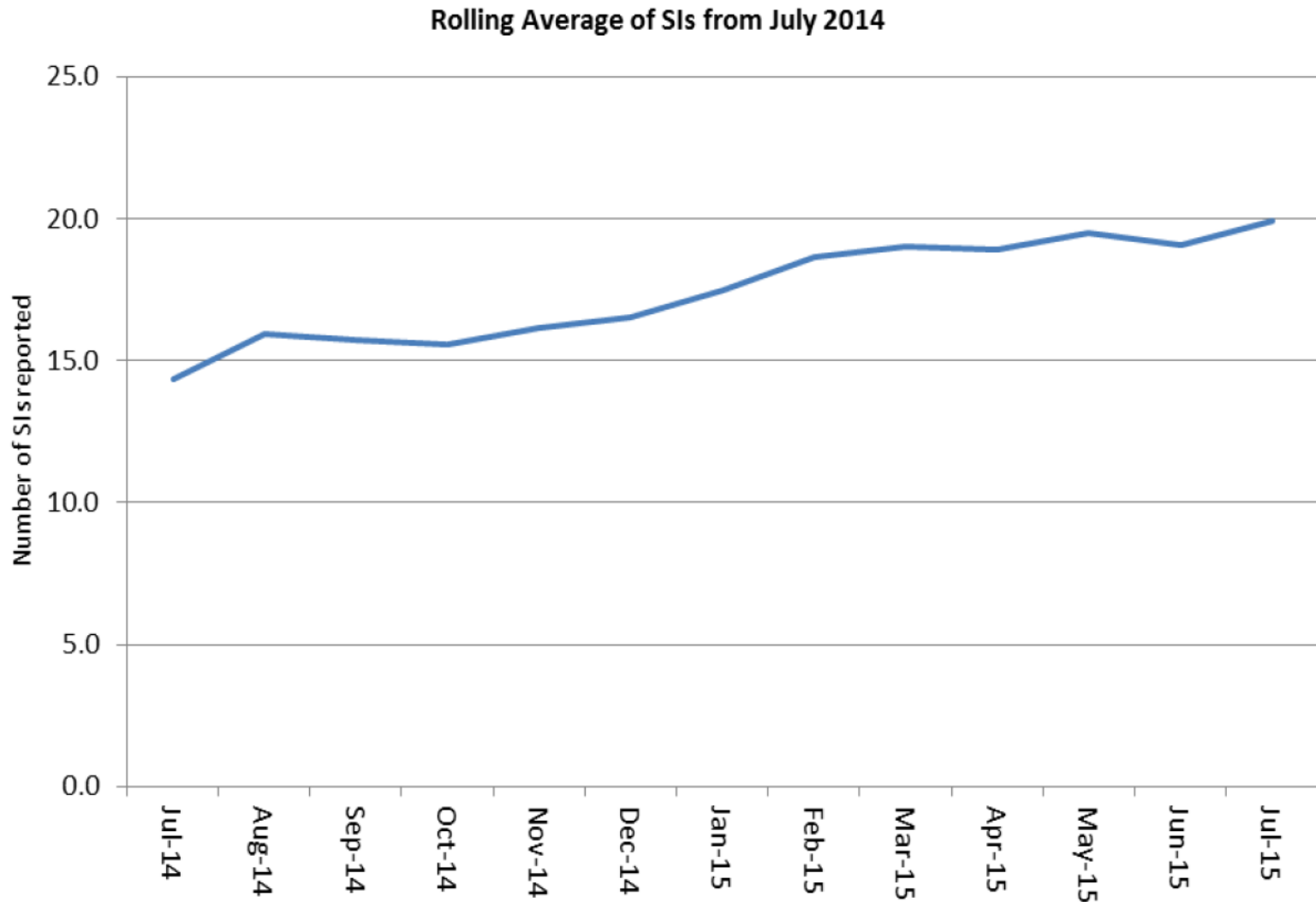
Cumulative change in Admin and Estates staff since 2011 (%)



Increase in Serious Incidents (SIs) since 2011



NSFT's own data shows continuing increase in Serious Incidents (SIs)



Is an additional funeral every ten days the true price of austerity?

- We can't show you the increase in deaths of NSFT patients not due to substance abuse or natural causes
- NSFT refuses to share information
- NSFT has failed to answer Freedom of Information Act request
- Whistleblowers tell us monthly suicide rate has increased from four per month to just under seven per month since radical redesign cuts
- Increase of 70%
- An additional funeral every ten days

Threats

- Failure to admit those who need admission
- Discharging people too soon
- Continued increase in serious harm and deaths
- Cuts to services due to IAPT+
- Failing CAMHS service
- 'New models of care'
 - Euphemism for cuts just like Cost Improvement Programmes (CIPs), Trust Service Strategy (TSS), Radical Pathway Redesign (RPR)?
- £36,000,000 of 'efficiencies'
 - How?
 - When NSFT is already in Special Measures?
 - Rated Inadequate by Care Quality Commission (CQC)
 - Rated Inadequate for finance by Monitor

NHS Blame Game

Care Quality Commission (CQC)

- The health and care quality inspectors

Monitor

- Stuffed with management consultants with spreadsheets
- Financial target Jedi Knights



Healthwatch

- National and local quangos
- Establishment figures who won't rock the boat

Local Health Scrutiny Committees

- Local councillors with very few powers

Join us.

Help us.

Stop the crisis.

Reverse the cuts to mental health services.

Make a real difference.

Next meeting is Tuesday 10th November.

6.30 p.m. at the Vauxhall Centre, Norwich.

Thank you.

Keep our NHS Public

- Thursday 19th November, 7 p.m. – 9 p.m.
- Vauxhall Centre, Norwich
- Speakers
 - Dr Lucy Reynolds
 - NHS Privatisation: An overview
 - Dr Bob Gill
 - How does NHS Privatisation affect doctors and their care for patients